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To: Box Non-Fee Amendment
Examiner Vikki H. Trinh

From: Mikio Ishimaru

Fax: (703) 872-9318
TC 2800 - Before Final

Pages: 11, including this page

Phone: 703-308-8238

Date: September 3, 2002

Re: U.S. Patent Application Serial CC:
No. 09/579,340

☒ Response/Amendment to Office Action

☐ Information

☐ Other

IMPORTANT

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For confirmation or assistance, call (408) 738-0881

Dear Examiner Trinh:

Attached are a Certificate of Transmission, Transmittal, and Response/Amendment in response to the Office Action dated 6/3/2002, for U.S. Patent Application Serial No. 09/579,340 (attorney docket no. D414).

Respectfully submitted,



Mikio Ishimaru
Reg. No. 27,449

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Docket No.: D414

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Takeshi Nogami

: Confirmation No.: 7243

Serial No.: 09/579,340

: Examiner: Vikki H. Trinh

Filed: 5/25/2000

: Group Art Unit: 2814

For: INTEGRATED CIRCUIT CHIP WITH
HIGH-ASPECT RATIO VIAS

TRANSMITTAL FOR ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response / Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Retition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement, PTO Form-1449, & cited Reference(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	• Certificate of Transmission
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	• Fax Cover Sheet
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

The fee, if required, has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	20	20	0	x \$18 =	\$ 0.00
Independent Claims	2	3	0	x \$84 =	\$ 0.00
If multiple claims newly presented, add \$280					
Fee for extension of time					
Other:					
TOTAL FEE					\$0.00

- ☐ Please charge Deposit Account No. 01-0365 in the amount of \$ 0.00. An additional copy of this transmittal sheet is submitted herewith.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 01-0365, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

*Mikio Ishimaru*Mikio Ishimaru
Registration No. 27,449
Date: September 3, 2002

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PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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on September 3, 2002
Date

Vickie Ishimaru
Signature

Vickie Ishimaru
Typed or printed name of person signing Certificate

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With reference to serial number 09/579,340, the following are being submitted:

Fax Cover Sheet
Certificate of Transmission
Transmittal
Response/Amendment

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